**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

and ending

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public
Inspection

	Check if	C Name of organization			D Employer	identificat	ion number	
	Addres							
	change Name		NIOR LAWYERS PROJECT		52-2	241212		
	change Initial	Being Baeineee ae		Doom/quita				
	return Final	Number and street (or P.O. box if mail is not del 207 WEST 25TH STREET, 6TH FLOOR	ivered to street address)	Room/suite	E Telephone	0-1554		
	return/ termin-		1 653	,489.				
	ated Amend	City or town, state or province, country, and new YORK, NY 10001	G Gross receipt			, 103.		
	return Applica	·	GILCHRIST			ordinates?	_	₹ No
	tion pendin	SAME AS C ABOVE			H(b) Are all sub			No
$\overline{}$	Tav.6v6	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1 ' ′		. See instruction	
	Websit		(1113611110.) 4347 (a)(1)	01 321	H(c) Group e			15
			sociation Other	I Vear	of formation: 20		tate of legal domic	oile: DC
	art I	Summary	Scoution Striot	L 16ai	or formation.	ivi 5	tate of legal doffic	Jile, 20
		Briefly describe the organization's mission or most	significant activities: MOBILI	ZE PRO BO	NO LEGAL S	UPPORT		
Governance	' :	TO PROMOTE THE RULE OF LAW AND INCLUS	IVE AND JUST DEVELOPMEN	T.				
ern	2	· ·	ntinued its operations or dispos			1 1	<b>5.</b>	2.4
Š	3	Number of voting members of the governing body						24
		Number of independent voting members of the gov						24
es	5	Total number of individuals employed in calendar y						7
Activities &	6	Total number of volunteers (estimate if necessary)						301
Act	7 a	Total unrelated business revenue from Part VIII, co						0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····			0	0.
					Prior Year		Current Yea	
ē	8				90	6,901.		367.
ēn	9					0.		,000.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			1.	4,377.		,496.
_	ייי ן	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				400.		,626.
_		Total revenue - add lines 8 through 11 (must equal			92	1,678.	1,653	,489.
	1	Grants and similar amounts paid (Part IX, column (				0.		0.
	1	Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , ,			0.	704	0.
es	15	Salaries, other compensation, employee benefits (F				6,189.	784	,407.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			7,825.		0.
Ž X	- b	Total fundraising expenses (Part IX, column (D), line	· · · · · · · · · · · · · · · · · · ·		68	F 506		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,				7,596.		,895.
		Total expenses. Add lines 13-17 (must equal Part I)				1,610.		,302.
		Revenue less expenses. Subtract line 18 from line	12	_		9,932.		,187.
Net Assets or				Ве	ginning of Curre		End of Year	
Ssel	20	Total assets (Part X, line 16)				5,767.	· · · · · · · · · · · · · · · · · · ·	,963.
et A	21	Total liabilities (Part X, line 26)				0,818.		,458.
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		1,10	4,949.	1,24/	,505.
		Ities of perjury, I declare that I have examined this return,	including accompanying echodulo	c and ctatama	and to the h	oct of my kn	owlodge and holie	f it ic
	•	t, and complete. Declaration of preparer (other than office			•	•	owiedye and bene	1, 11 15
true	, сопес	i, and complete. Declaration of preparer (other than office	i) is based oil all lilloi lilation of wi	ilicii preparei	lias ally kilowiet	iye.		
C:	_	Signature of officer			Date			
Sig		orginatare of emoor			Duto			
не	Here Type or print name and title							
		, , , , , , , , , , , , , , , , , , ,	Dranararia aignatura	11	Date	Check	PTIN	
Da!		Print/Type preparer's name ALEXANDER LAZZARUOLO	Preparer's signature  Alexander Lazzar	,	0/26/2024	if	P01775353	
Pai	_	•	1000   T		self-employed	-3628255		
	parer				Firm's	SEIN 13	3020233	
Use Only   Firm's address ONE BATTERY PARK PLAZA, 7TH FL.   NEW YORK, NY 10004   Phone no.212-661-7777								
NA-		NEW YORK, NY 10004	ua? Caa inatuusti		Pilon	U 11U. 4 1 4 - 0 0		
		RS discuss this return with the preparer shown about		10.01.00			Yes Form <b>990</b>	No (2023)
LH/	¬ ror	Paperwork Reduction Act Notice, see the separa	ate instructions. 332001 1	12-21-23			Form 330	(2023

914,450.

including grants of \$

Total program service expenses

Other program services (Describe on Schedule O.)

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52-2241212

#### Form 990 (2023) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	- 0		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
2.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		<del>-</del>
19	,	10		x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<del></del>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		_ ^

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		INITIALITIES DENIES DINITIAL			
	1 990 (2023)	CORPORATION	52-2241212	Р	age 4
Pa	rt IV Checklist of F	Required Schedules (continued)			
				Yes	No
22	Did the organization rep	ort more than \$5,000 of grants or other assistance to or for domestic individuals on			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	9 71 1 71 1	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			•
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			
			V	l Na

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	х	

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# Form 990 (2023) CORPORATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	o		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a	ı							
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?		4a		Х				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)								
				5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b 5c		X				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization s	solicit			,,				
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			٥.						
_	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).	iona providad ta	the never?	7-		x				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services." did the organization notify the donor of the value of the goods or services provided?			7a 7b						
	, , , , , , , , , , , , , , , , , , , ,			76						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?			7c		x				
А	15 N/4 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N	7d		70						
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		х				
g	If the organization received a contribution of qualified intellectual property, did the organization file For		uired?	7g	N/A					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•		7h	N/A					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?		N/A	8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the second of the second in the second of the second o		N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	1								
	Gross income from members or shareholders N/A	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l l		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	120						
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.			13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.		**							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17						
	If "Yes," complete Form 6069.									

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 2.4 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 24 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $$\tt DC$  , NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SARA LULO - 646-350-1554 207 WEST 25TH STREET, 6TH FLOOR, NEW YORK, 10001

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related o	orga	nizat	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)							(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		er an	u a u	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	m per		1099-NEC)	1000 (120)	and related
	below	ndividual trustee or director	Institutional trustee	in 1	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) SARA LULO	40.00									
EXECUTIVE DIRECTOR					Х			194,250.	0.	56,167.
(2) AIKATERINI DRISI	40.00									
PROGRAM DIRECTOR, SUSTAINABLE DEVELO						Х		113,300.	0.	41,002.
(3) BRUCE GILCHRIST	2.00									
CHAIR		Х		Х				0.	0.	0.
(4) RUSSELL F. SMITH III	2.00							_	_	_
VICE CHAIR	4 00	Х		Х				0.	0.	0.
(5) WILLIAM D. KISSINGER	1.00									
TREASURER	1 00	Х		Х				0.	0.	0.
(6) PATRICIA ALSUP	1.00									0
MEMBER	1 00	Х						0.	0.	0.
(7) LUCIANA AQUINO-HAGENDORN MEMBER	1.00	х						0	0	0
(8) THOMAS BRUNNER	1.00	X						0.	0.	0.
MEMBER	1.00	Х						0.	0.	0
(9) EVAN COHEN	1.00							0.	0.	0.
MEMBER	1.00	х						0.	0.	0.
(10) YVES DENIZ	1.00								•	
MEMBER		х						0.	0.	0.
(11) CARL DERRICK	1.00									
MEMBER		х						0.	0.	0.
(12) DAVID DJAHA	1.00									
MEMBER		х						0.	0.	0.
(13) DEON GOVENDER	1.00									
MEMBER		х						0.	0.	0.
(14) JOHN KIERNAN	1.00									
MEMBER		х						0.	0.	0.
(15) YASMINE LAHLOU	1.00									_
MEMBER		х						0.	0.	0.
(16) GEORGE LEHNER	1.00									
MEMBER		Х						0.	0.	0.
(17) GAIL LIONE	1.00									
MEMBER		Х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

CORPORATION 52-2241212

FOIII 990 (2023) CORT OR	11 1 011								32 224121	z rage <b>o</b>
Part VII Section A. Officers, Directo	rs, Trustees, Key Emp	oloy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) KRISTIN MENDOZA	1.00									
MEMBER		Х						0.	0.	0.
(19) MARK MORRISON	1.00									
MEMBER		Х						0.	0.	0.
(20) JASON PARKER	1.00									
MEMBER		Х						0.	0.	0.
(21) LIZ ROBERTS	1.00									
MEMBER		Х						0.	0.	0.
(22) JIM SANDMAN	1.00									
MEMBER		Х						0.	0.	0.
(23) ANK SANTENS	1.00									
MEMBER		Х						0.	0.	0.
(24) MANSI SHAH	1.00									
MEMBER		Х						0.	0.	0.
(25) STEVEN H. SCHULMAN	1.00									
MEMBER		х						0.	0.	0.
(26) THOMAS B. TRIMBLE	1.00									
MEMBER		х						0.	0.	0.
1b Subtotal								307,550.	0.	97,169.
c Total from continuation sheets to								0.	0.	0.
d Total (add lines 1b and 1c)								307,550.	0.	97,169.
Total number of individuals (including)								ceived more than \$100	000 of reportable	

compensation from the organization

			res	NO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes " complete Schedule I for such person	5		Х

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar	i the organization's tax year.		
<b>(A)</b> Name and business address	NONE	<b>(B)</b> Description of services	(C) Compensation
Traine and business address	NONE	Description of services	Compensation
2 Total number of independent contractors (including but	not limited to those listed	above) who received more than	

# Form 990 (2023) CORPORATION Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to anv lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
9 5		Fundraising events							
fts,		Related organizations							
ية إق					82,255.				
ons,		Government grants (contri		1e	02,233.				
utio	T	All other contributions, gifts,			1 500 112				
ë		similar amounts not included			1,500,112.				
out	_	Noncash contributions included in I		1g  \$		1 500 267			
<u>0</u> 8	n	Total. Add lines 1a-1f			D O. d.	1,582,367.			
		EEEG EOD GEDVIGE			Business Code	17 000	17.000		
<u>ic</u>	2 a				900099	17,000.	17,000.		
erv	b								
n S	С								
ran 3ev	d								
Program Service Revenue	е								
4	f	All other program service i							
$\rightarrow$	g					17,000.			
	3	Investment income (includ	ling divid	ends, intere	st, and				
		other similar amounts)				16,496.			16,496.
	4	Income from investment of	f tax-exe	mpt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ē		and sales expenses	7b						
Revenue	С		7c						
ev.		Net gain or (loss)			•				
her F		Gross income from fundraisir							
Ð.	-	including \$	•	of					
		contributions reported on		_					
		Part IV, line 18	,	<b>I</b>					
	h	Less: direct expenses							
		Net income or (loss) from							
		Gross income from gamin							
	Ju	Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, le							
	10 a	and allowances		I					
	h								
		Less: cost of goods sold  Net income or (loss) from:			•				
$\dashv$	C	1461 HOUTE OF (1022) HOTH	sai <del>c</del> s UI I	iveniory	Business Code				
sn	11 a	EMPLOYEE RETENTION	CRE		900099	37,626.			37,626.
eo ne	ıı d					57,020.			37,020.
Miscellaneous Revenue	b								
Sce	C								
Ξ	a	All other revenue				37,626.			
		Total. Add lines 11a-11d				,	17,000.	0.	54,122.
	12	Total revenue. See instruction	IIIS			1,653,489.	1 1,000.	ı .	J4,144.

332009 12-21-23

# Part IX Statement of Functional Expenses

CORPORATION

0 - 1' 504/-1/011 504/-1/41	and the state of t	All allows a series of a constant and the series (A)	
Section 501(c)(3) and 501(c)(4)	organizations must complete all columns.	All other organizations must complete column (A).	

_	Check if Schedule O contains a respons	se or note to any line in t	nis Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 (	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	250,417.	145,896.	63,971.	40,55
	trustees, and key employees	250,417.	143,030.	03,371.	40,55
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	430,575.	250,860.	109,993.	69,722
	Other salaries and wages	430,373.	250,860.	109,993.	09,122
	Pension plan accruals and contributions (include	15 264	0 051	2 025	2 400
	section 401(k) and 403(b) employer contributions)	15,364. 49,335.	8,951. 28,744.	3,925.	2,488 7,989
	Other employee benefits	38,716.	28,744.	9,890.	6,269
	Payroll taxes	30,/10.	22,557.	9,090.	0,20
	Fees for services (nonemployees):				
	Management				
	Legal	02.000		02.000	
	Accounting	23,000.		23,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	479,911.	293,011.	122,078.	64,822
	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties				
16 (	Occupancy	67,290.	39,128.	17,269.	10,893
17	Travel	16,632.		16,632.	
18	Payments of travel or entertainment expenses				
1	for any federal, state, or local public officials				
19 (	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,158.	4,162.	1,837.	1,159
í	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	PROGRAM EXPENSES	87,956.	87,956.		
b <sup>1</sup>	MISC. EXPENSE	56,948.	33,185.	15,619.	8,144
c					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,523,302.	914,450.	396,816.	212,036
	Joint costs. Complete this line only if the organization		,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2023) Part X Balance Sheet

Pa	rt X	Chack if Schoolula O contains a response or r	noto to co	v line in this Bort V			
		Check if Schedule O contains a response or r	iote to ar	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			251,833.	1	191,485.
	2	Savings and temporary cash investments	510,820.	2	614,062.		
	3	Pledges and grants receivable, net			15,992.	3	114,669.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
v	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Donner in the second se			28,688.	9	17,744.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		44,617.			
	b			38,524.	11,847.	10c	6,093.
	11	Investments - publicly traded securities			313,228.	11	342,022.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir		1		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	303,359.	15	165,888.		
	16	Total assets. Add lines 1 through 15 (must e			1,435,767.	16	1,451,963.
	17	Accounts payable and accrued expenses	330,818.	17	204,458.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ç	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ostantial o	contributor, or 35%			
abi		controlled entity or family member of any of the	nese pers	ons		22	
=	23	Secured mortgages and notes payable to unr	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	oarties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			330,818.	26	204,458.
		Organizations that follow FASB ASC 958, or	heck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27				939,496.	27	937,635.
Ba	28	Net assets with donor restrictions			165,453.	28	309,870.
PL		Organizations that do not follow FASB ASC	958, ch	eck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
sei	30	Paid-in or capital surplus, or land, building, or				30	
t As	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			1,104,949.	32	1,247,505.
	33	Total liabilities and net assets/fund balances			1,435,767.	33	1,451,963.

Га	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				489.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	523,	302.
3	Revenue less expenses. Subtract line 2 from line 1	3			130,	187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	104,	949.
5	Net unrealized gains (losses) on investments	5			12,	369.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10		1,	247,	505.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		<u></u>
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990	(2023)

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

INTERNATIONAL SENIOR LAWYERS

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

		CORPOR	ATION					52-2241212
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	<b>n 170(b)(1)(A)(iii).</b> Enter	the hospital's name,
		city, and state:	•					
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C		•	·	, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
	Х	An organization that norma	-					nublic described in
•		section 170(b)(1)(A)(vi). (C		That part of its support if	om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ariit or irom the general	pablic accorded in
8		A community trust describe		1VAVvi) (Complete Part	+ II \			
9	H					nd in conju	nation with a land grant	collogo
9		An agricultural research org				-	_	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	ciller lile i	iame, city	, and state of the college	e OI
40		university:	Un	there 00 1 /00/ of its accord				
10		An organization that norma						
		activities related to its exen		•				-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Con	•					
11	Н	An organization organized a	•	•	•			
12		An organization organized a	•	•	•			•
		more publicly supported or						Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а	۱		anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ctions A and B.				
b	,		anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d	ı 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution rec	uirement and an attenti	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.	
е	, [	Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o						
		vide the following information						-
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
			ļ					L

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52-2241212

Page 2

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and				• •		
	membership fees received. (Do not						
	include any "unusual grants.")	1,645,258.	905,309.	1,941,687.	704,869.	1,582,367.	6,779,490.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,645,258.	905,309.	1,941,687.	704,869.	1,582,367.	6,779,490.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,715,742.
6	Public support. Subtract line 5 from line 4.						5,063,748.
	tion B. Total Support		•	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1,645,258.	905,309.	1,941,687.	704,869.	1,582,367.	6,779,490.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,281.	14,689.	27,180.	14,377.	16,496.	84,023.
9	Net income from unrelated business	·	·	•	,	,	· ·
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,254.	1,648.	200.	400.	37,626.	43,128.
11	Total support. Add lines 7 through 10	·	·			·	6,906,641.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	, ,
	First 5 years. If the Form 990 is for th	•		ourth, or fifth tax ve	ear as a section 50		
	organization, check this box and stop						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (li	ne 6, column (f), div	rided by line 11, co	olumn (f))		14	73.32 %
15	Public support percentage from 2022	Schedule A, Part II	, line 14			15	68.27 %
	33 1/3% support test - 2023. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	rted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization quali	fies as a publicly su	pported organizat	ion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	s test, check this b	oox and stop here	Explain in Part	/I how the organiza	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	e facts-and-circums	stances test, chec	k this box and sto	<b>p here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu	ımstances test. The	organization qual	ifies as a publicly s	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	
18	organization meets the facts-and-circu	ımstances test. The	organization qual	ifies as a publicly s	supported organiz	ation	

Schedule A (Form 990) 2023

52 - 2241212

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in)  1 Giffs, grants, contributions, and membership fees received. (On not include any "unusual grants.")  2 Gross necepts from admissions, more more of the company of the comp	Section A. Public Support	now, please comp	Diete Fart II.)				
1 Gills, grants, contributions, and membership teer received. (Do not include any "unusual grants.") 2 Gross neceipts from admissions, formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose incess under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the organization without change of the organization of the organization without change of the organization organization of the organization organization organization organ	Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any 'unusual grants.')  2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the erganization's trax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513  4 Tax revenues levied for the organization's travescent purpose  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 A mounts included on lines 1,2, and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 4,2 and 4,3 and 4,4 and			, ,	, ,			
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5 The value of services or facilities furnished by a governmental unit to the organization without charge (6 Total, Add lines 1 through 5	ization's benefit and either paid to						
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Schedule A (Form 990) 2023

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3a		
	b	·			
			3b		

52 - 2241212

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu		•	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
_4	Amounts paid to acquire exempt-use assets		4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6_	Other distributions (describe in Part VI). See instructions.		6	
_7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
<u> </u>	From 2019			
<u> </u>	From 2020			
<u>d</u>	From 2021			
<u>e</u>	From 2022			
<u>f</u>	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
<u>    i                                </u>	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

# **Schedule of Contributors**

Employer identification number

52-2241212

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL SENIOR LAWYERS'

CORPORATION

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule B (Form 990) (2023)

OMB No. 1545-0047

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	~	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

INTERNATIONAL SENIOR LAWYERS'

CORPORATION

52-2241212

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAPP (ROBERT) HOUSEHOLD  777 C STREET SE, APT. 304  WASHINGTON DC, DC 20003	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and zir + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.110.	runio, audi 655, dilu Eli <sup>e</sup> T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization
INTERNATIONAL SENIOR LAWYERS'
CORPORATION

Employer identification number

52-2241212

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Page 4

NTERNAT	IONAL SENIOR LAWYERS'			
ORPORAT				52-2241212
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, countributed Use duplicate copies of Part III if additional states.	through (e) and the following line entry haritable, etc., contributions of \$1,000 or le	For organizations	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dec	scription of how gift is held
Part I	(b) Fullpose of gift	(c) Use of gift	(u) De.	scription of now girt is netu
		(e) Transfer of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift		
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift	•	
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, ar	ansferor to transferee		

Name of organization

Employer identification number

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

INTERNATIONAL SENIOR LAWYERS Name of the organization CORPORATION

**Employer identification number** 52 - 2241212

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiai Fulius Oi F	Accounts. Complete if the
	organization answered Tee City of 1000, Tartiv, mile	(a) Donor advised fu	ınds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in	n donor advised fu	ınds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any of	ther purpose confe	erring
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the orga	ınization answered "Yes" o	n Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation		reservation of a his	storically important land area
	Protection of natural habitat	· —		ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contributio	n in the form of a o	conservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	<del>-</del>			2a
b				<u> </u>
c	Number of conservation easements on a certified historic struc			
_	Number of conservation easements included on line 2c acquire			. 23
<u> </u>	on a historic structure listed in the National Register	• • • • • • • • • • • • • • • • • • • •		2d
3	Number of conservation easements modified, transferred, release			
Ü	year	asca, extinguished, or term	inated by the orga	inzation during the tax
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio		handling of	
•	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
Ū	ciali and volunteer neare develor to memoring, mepoeting, ne	ariaming or violations, and o	moromig concorva	tion casements dailing the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforce	ing conservation e	easements during the year
	<b>3</b> , 1 <b>3</b> ,	,	· ·	3 ,
8	Does each conservation easement reported on line 2d above s	atisfy the requirements of	section 170(h)(4)(B	3)(i)
	and section 170(h)(4)(B)(ii)?	, ,	( // //	,,,
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno		•	
	organization's accounting for conservation easements.	3		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasu	ıres, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue	e statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its finance			•
b	If the organization elected, as permitted under FASB ASC 958,			ce sheet works of
	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical treas			
_	the following amounts required to be reported under FASB ASI			., I
а	Revenue included on Form 990, Part VIII, line 1			\$
	For Paperwork Reduction Act Notice, see the Instructions f			Schedule D (Form 990) 2023

Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	make sig	gnificant ı	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🔲 L	oan or exc	hange progra	m					
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	y further th	e organizatio	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hist	orical treas	sures, or othe	r similar	assets				_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		te if the o	rganizatior	answered "\	es" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	•	•					_	_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tal	ole:							
									Amoun	t	
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		7		7
	Did the organization include an amount on Fo						ty?		Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.  T V Endowment Funds Complete if										
ı u	Endownient i ands Complete II	(a) Current year		or year	(c) Two year			ears back	(e) Fou	r veare	hack
4.	Designing of year balance	(a) Ourrent year	(D) 1 1	oi yeai	(C) TWO year	3 Dack	(u) Tilloo	/cars back	( <b>c</b> ) 1 0u	yoars	Dack
_	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses  End of year balance										
g 2	Provide the estimated percentage of the curr	ont year and halance	l (lino 1a	column (a)	) hold as:						
a	Board designated or quasi-endowment		% %	Column (a)	) Helu as.						
b	Permanent endowment	%									
c											
·	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posses	•	tion that	are held ar	nd administer	ed for the	<b>a</b>				
ou	organization by:	oolon or the organize	ttion that	are ricia ar	ia aariii iiotor	50 101 111	5			Yes	No
	(i) Unrelated organizations?								3a(i)		
	*** - · · · · · · · ·								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990,	Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	٠,	ccumulate preciation		(d) Boo	k valu	e
1a	Land										
b	Buildings										
С	Leasehold improvements				5,449.		5,	449.			0.
d	Equipment				39,168.		33,	075.		6,	093.
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10	c. column	(B))					6,	093.

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	CORPORATION			52-2241212	Page 3
Part VII	Investments -	Other Securities				
	Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descrip	otion of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Financi	al derivatives					
(2) Closely		s				
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	b) must equal Form 99	90, Part X, line 12, col. (B))				
Part VIII	Investments -	Program Related.				
	Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
	(a) Description o	f investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (		90, Part X, line 13, col. (B))				
		ganization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990, Part X, line 15.		
			Description		(b) Book	value
(1) ROT	J ASSET - OPERA				` <i>`</i>	165,888.
(2)						
(3)						
(4)						
(5)						
(6)						
(8)						
(9)						
	uman (b) may at a gy al F	Town 000 Doub V line 15 and	/ (D)\			165,888.
Part X	Other Liabilitie	<u>·omi 990, Part X, iine 15, co</u> <b>es</b>	I. (D))		<u>  </u>	100,000.
1 41171			on Form 990 Part IV line	11e or 11f. See Form 990, Part X, line	e 25	
		Description of liability	0111 01111 000,1 01111, 11110	110 di 1111 des 1 di 11 des, 1 di 17, mil	<b>(b)</b> Book	value
(1) Fed	deral income taxes	- coonpaion or maximy			(3) 23311	
	derai iricome taxes					
(2)						
<u>(4)</u>						
(5)						
(6)						
(7)						
(8)						
(9) <b>T</b> = <b>1</b> = <b>1</b> = <b>1</b>						
•	. ,	Form 990, Part X, line 25, co	· "			
				the organization's financial statemen		

332053 09-28-23

Schedule D (Form 990) 2023

	dule D (Form 990) 2023 CORPORATION			52-224121	2 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	15,291,069.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		12,369.		
b	Donated services and use of facilities		13,625,211.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	13,637,580.
3	Subtract line 2e from line 1			3	1,653,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0
	Add lines 4a and 4b			4c	1,653,489.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	5   Return	1,033,403.
· u	Complete if the organization answered "Yes" on Form 990, Part IV, line		Expended per 1	ictaiii	
1	Total expenses and losses per audited financial statements			1	15,148,513.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •			, , ,
a	Donated services and use of facilities	2a	13,625,211.		
b	Prior year adjustments		, , .		
c	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	13,625,211.
3	Subtract line 2e from line 1			3	1,523,302.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,523,302.
Pai	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	·	•	; Part X, line 2	; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		
ם אם די	V, LINE 4:				
FARI	v, bine 4:				
TEMP	ORARILY RESTRICTED FUNDS ARE FOR PROGRAMS AND OPERATIONS IN	N FUTURE			
YEAR	s.				

### SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

INTERNATIONAL SENIOR LAWYERS' CORPORATION 52-2241212 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region LEGAL SUPPORT IN NEGOTIATIONS, LEGAL SUPPORT ON FINANCE MATTERS, LEGAL ASIA AND THE PACIFIC 0 RESEARCH, LEGAL REFORM/DRAF PROGRAM SERVICES 12,334. CAPACITY BUILDING, TRAINING, LEGAL SUPPORT ON FINANCE MATTERS, LEGAL SOUTH AMERICA 0 SUPPORT ON SUSTAINABLE PROGRAM SERVICES 62,847. CAPACITY BUILDING TRAINING, LEGISLATIVE REVIEW, LEGAL SUPPORT IN NEGOTIATIONS, LEGAL SUPPORT PROGRAM SERVICES 0 SUB-SAHARAN AFRICA 219,924.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

0

Schedule F (Form 990) 2023

295,105.

295,105.

and 3b)

3 a Subtotal **b** Total from continuation

sheets to Part I ...... c Totals (add lines 3a

52-2241212

Schedule F (Form 990) 2023 CORPORATION

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Forten tested mounts on of								

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

Part II

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

	(Form 990) 2023	(
Part IV	Foreign Form	s

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

52-2241212

Department of the Treasury Name of the organization

INTERNATIONAL SENIOR LAWYERS

CORPORATION

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? Х c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

52-2241212

CORPORATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	re		reported as deferred on prior Form 990	
(1) SARA LULO	(i)	194,250.	0.	0.	9,713.	46,454.	250,417.	0,	
	(ii)	0.	0.	0.	0.	0.	0,	0,	
(2) AIKATERINI DRISI	(i)	113,300.	0.	0.	6,038.	34,964.	154,302.	0.	
PROGRAM DIRECTOR, SUSTAINABLE DEVELO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)							1	

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## **SCHEDULE 0** (Form 990)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL SENIOR LAWYERS

CORPORATION

**Employer identification number** 52-2241212

PART III - LINE 4A

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization INTERNATIONAL SENIOR LAWYERS' **Employer identification number** CORPORATION 52-2241212 ISLP PROVIDES PRO BONO LEGAL SUPPORT TO SOCIAL ENTERPRISES. CIVIL SOCIETY ORGANIZATIONS, AND GOVERNMENTS IN THE GLOBAL SOUTH ON LOCALLY-LED MATTERS THAT ADVANCE THE RULE OF LAW AND JUST, ACCOUNTABLE, AND INCLUSIVE ECONOMIC DEVELOPMENT. WE DRAW FROM AN EXPANSIVE NETWORK OF SENIOR-LEVEL VOLUNTEER ATTORNEYS WITH DEEP UNDERSTANDING OF THE LEGAL FRAMEWORKS THAT SHAPE ECONOMIC DEVELOPMENT. ISLP BRINGS AN EXPANSIVE RANGE OF SPECIALIZED LEGAL EXPERTISE, INCLUDING IN PROJECT DEVELOPMENT AND FINANCE, BANKING, TRADE, TAX, BANKRUPTCY AND INSOLVENCY, MEDIA LAW, AND ACCOUNTABILITY AND TRANSPARENCY, ISLP'S WORK SPANS A WIDE RANGE OF SECTORS RELATED TO ECONOMIC DEVELOPMENT INCLUDING RENEWABLE ENERGY NATURAL RESOURCES MANAGEMENT PUBLIC HEALTH INFRASTRUCTURE DEVELOPMENT, RESPONSIBLE TECHNOLOGY, INNOVATIVE FINANCE, AND TELECOMMUNICATIONS. OUR WORK IS DEMAND-DRIVEN AND BASED ON THE ATTORNEY-CLIENT MODEL: LEGAL EXPERTS PROVIDE ADVICE AND GUIDANCE, WHILE CLIENTS DIRECT THEIR DEVELOPMENT DECISIONS AND OUTCOMES. A BRIEF LIST OF EXAMPLES OF ISLP'S WORK IN 2023 INCLUDES: STRATEGIC LEGAL ADVICE AND LEGAL SUPPORT ON ISSUES RELATING TO CONTRACT NEGOTIATIONS IN THE NATURAL RESOURCES SECTOR IN MONGOLIA, THE PHILIPPINES, AND MAURITANIA;

- LEGAL RESEARCH ON THE COLLATERALIZATION OF INTELLECTUAL PROPERTY AS

A TOOL FOR PROMOTING GROWTH OF THE CREATIVE ECONOMY IN AFRICA.

-- VIRTUAL TRAINING FOR EAST AFRICAN WOMEN LAWYERS ON ARBITRATION AND

INVESTOR-STATE DISPUTE RESOLUTION;

-- LITIGATION SUPPORT IN DEFENSE OF FREEDOM OF EXPRESSION AND MEDIA

FREEDOM, INCLUDING PREPARATION OF AMICUS CURIAE BRIEFS FOR SUBMISSION

IN THE HIGH COURTS OF SEVERAL COUNTRIES;

- SEVERAL VIRTUAL AND IN-PERSON CONVENINGS TO TRAIN JOURNALISTS AND

Schedule O (Form 990) 2023 Page 2 Name of the organization INTERNATIONAL SENIOR LAWYERS' **Employer identification number** CORPORATION 52-2241212 HUMAN RIGHTS DEFENDERS IN SUB-SAHARAN AFRICA IN TECHNIQUES TO DEFEND THOSE ACCUSED OF VIOLATING REPRESSIVE LAWS; -- LEGAL SUPPORT AND ADVICE TO A NUMBER OF SOCIAL ENTERPRISES INCLUDING A PROVIDER OF SOLAR MICROGRIDS TO RURAL COMMUNITIES IN SUB-SAHARAN AFRICA. FORM 990, PART VI, SECTION A, LINE 1A: WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF DIRECTORS. XCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY SHALL BE LIMITED BY RESOLUTION OF THE ENTIRE BOARD OF DIRECTORS; PROVIDED, HOWEVER, THAT NEITHER THE EXECUTIVE COMMITTEE NOR ANY OTHER COMMITTEE SHALL HAVE AUTHORITY AS TO THE FOLLOWING MATTERS: THE FILLING OF VACANCIES ON THE BOARD OF DIRECTORS OR ON ANY COMMITTEE; THE AMENDMENT OR REPEAL OF THESE BYLAWS OR THE ADOPTION OF NEW BYLAWS; 3. THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD OF DIRECTORS WHICH BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE; 4. THE FIXING OF COMPENSATION OF THE DIRECTORS FOR SERVING ON THE BOARD OF DIRECTORS OR ANY COMMITTEE; 5. THE ELECTION OR REMOVAL OF OFFICERS AND DIRECTORS; 6. THE APPROVAL OF A MERGER OR PLAN OF DISSOLUTION; 7. THE AUTHORIZATION OF THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; AND 8. THE APPROVAL OF AMENDMENTS TO THE ARTICLES OF INCORPORATION. FORM 990, PART VI, SECTION B, LINE 11B:

Schedule O (Form 990) 2023

THE FORM 990 WILL BE E-MAILED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE

Name of the organization INTERNATIONAL SENIOR LAWYERS'
CORPORATION

INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS ARE REQUIRED TO INFORM THE BOARD WHEN CONFLICTS OF

INTEREST ARISE. CONFLICT OF INTEREST DISCLOSURE FORMS ARE SENT TO THE BOARD

MEMBERS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED. DISCUSSED AND DECIDED ANNUALLY

BY THE BOARD, AND TAKES INTO ACCOUNT PERFORMANCE, ORGANIZATIONAL BUDGET,

AND COMPARABILITY DATA.

Schedule O (Form 990) 2023

FORM 990, PART VI, SECTION C, LINE 19:

THE ISLP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

CONSULTING:

PROGRAM SERVICE EXPENSES 293,011.

TOTAL EXPENSES 479,911.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 479,911.

32212 11-14-23 Schedule O (Form 990) 2023

122,078.

64,822.

Page 2